PTO/SB/17 (09-11)
Approved for use through 01/31/2014. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

				Complete if Known				
				Application Number		10/787,337-Conf. #3987		
FEE TRANSMITTAL			Fil	Filing Date		February 26, 2004		
			Fil	First Named Inventor		Stephen J. Todd		
-		Ex	Examiner Name		T. S. Najee-Ullah			
Applicant claims small entity status. See 37 CFR 1.27			Ar	Art Unit 2453		2453	:	
TOTAL AMOUNT OF PAYMEN	IT I	(\$) 930.00	At	torney Docket	No.	E0295.70199	US00	
METHOD OF PAYMENT (check all that apply)								
Check X Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
x Charge any additional fee(s) or underpayments of x Credit any overpayments								
fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
				CH FEES	EXAM	INATION FEE:		
Application Type	Fee (\$)	Small Entity Fee (\$) Fe	ee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity) Fee (\$)	Fees Paid (\$)	
Utility	380		520	310	250	125		
Design	250	125 1	120	60	160	80		
Plant	250	125 3	380	190	200	100		
Reissue	380		520	310	750	375		
Provisional	250	125	0	0	0	0		
2. EXCESS CLAIM FEES						Enc	Small Entity e (\$) Fee (\$)	
Fee DescriptionFee (\$)Fee (\$)Each claim over 20 (including Reissues)6030								
Each independent claim over 3 (including Reissues) 250 125								
Multiple dependent claims		<i>G</i> ,					50 225	
Total Claims				ee Paid (\$) Multiple Dependent Claims				
110 - 116 = 0 x = <u>Fee (\$)</u> <u>Fee Paid (\$)</u>								
HP = highest number of total claims paid for, if greater than 20.								
Indep. Claims								
6 - 6 = 0 x = HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$310 (\$155 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) 100 = /50 = (round up to a whole number) x =								
- 100 = /50 = (round up to a whole number) x = 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 930.00								
SUBMITTED BY								
Signature Signature		A		istration No.	32,950) Telephone	617.646.8000	
Name (Print/Type) Edmund	I Wolob	//\	(Atto	orney/Agent)	32,930			
Name (Philo Type) Eurnung 2	i. vvaisti			CAN AND AND AND AND AND AND AND AND AND A		Date	November 2, 2011	
Certificate of Electronic Filing Under 37 CFR 1.8								
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with 37 CFR § 1.6(a)(4). Dated: November 2, 2011 Signature:								
Dated: November 2, 2011	Dated: November 2, 2011 Signature: WWW 1 Wary Wary							